



BOROUGH OF LEIGH.

Annual Report

OF THE

Medical Officer of Health

FOR THE

Year ended December 31st, 1925.

Collins & Darwell Ltd., Printers, Hope Street, Leigh.



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BOROUGH OF LEIGH, 1925.

HEALTH COMMITTEE.

HIS WORSHIP THE MAYOR

Chairman :

Alderman HENRY ISHERWOOD, J.P.

Deputy Chairman :

Councillor T. R. GREENOUGH, J.P.

Alderman GRUNDY, J.P.

Councillor GRUNDY

Until Nov., 1925.

,, W. HINDLEY

,, MACK

Until Nov., 1925.

Councillor ATHERTON

,, T. HINDLEY

,, BETTON

,, HIGENBOTTAM

,, COLLIER, J.P.

,, PARRY

,, FAIRHURST

,, YATES

,, HILTON

,, PRESCOTT, J.P.

From Nov., 1925.

From Nov., 1925

Maternity and Child Welfare Sub-Committee.

The CHAIRMAN

Councillor GRUNDY

Until Nov., 1925.

The DEPUTY CHAIRMAN

,, MACK

Until Nov., 1925.

Alderman GRUNDY, J.P.

,, YATES

Councillor FAIRHURST

,, HILTON

From Nov., 1925.

,, PARRY

,, PRESCOTT, J.P.

From Nov., 1925

CO-OPTED WOMEN.

THE MAYORESS (Mrs. E. Isherwood) Mrs. E. HOUGHTON

Mrs. E. WRIGHT

Mrs. M. A. HARDY

Mrs. A. HORROCKS

Staff of Public Health Department.

Medical Officer of Health :

*†J. CLAY BECKITT, M.R.C.S., L.R.C.P., D.P.H.

Chief Sanitary Inspector :

†EDWIN JACKSON, A.R.S.I.

Sanitary Inspectors :

WILLIAM T. FROST, Cert. R. San. I.

ARTHUR N. NICKLIN, Cert. R. San. I.

‡*Health Nurses :

Miss A. B. BELYEA.

Miss C. A. SMITH.

Miss M. A. BOYDELL.

Miss L. M. GOULDEN.

Clerk :

S. CUNNINGHAM.

† Contribution to salary under the Public Health Acts.

* Engaged half time in School Work.

‡ Contribution to salary by the Exchequer.

Medical Officer of Health's Report for 1925.

To the Chairman and Members of the Health Committee
of the Borough of Leigh.

Gentlemen,

I have the honour to present my Report on the Health and Sanitation of your Borough for the year ending 31st December, 1925.

This Report is larger than those of the four previous years, as it forms the "Survey" Report dealing with the five years 1921 to 1925, as required by circular 648 of the Ministry of Health.

Some of it may appear unnecessary to those well acquainted with the Borough, but it should be remembered that certain information is definitely asked for by the Ministry which is already well known to the members of the Council.

The housing conditions are still as acute as ever. Although 108 new houses have been erected during this year and 124 during the previous year, the number of cases of gross overcrowding is no less, and the appeals for accommodation on this ground alone continue undiminished. This state of affairs is reflected in the less clean condition of the houses and occupants. The facilities for cleanliness are not equal to the demand of two or three families, and a lower standard of personal cleanliness is being unwillingly established.

I am pleased to be able to report a slight increase in the birth rate, and I trust it may be the beginning of an improvement in this respect.

This welcome feature has, however, been marred by an increase in the infantile death rate.

The birth rate and infantile death rate for the last five years and the average for the five year period 1916 to 1920 is as follows :—

		Birth Rate.		Infantile Death Rate (per 1000 births).
1921	...	23·5	...	119
1922	...	21·1	...	89
1923	...	18·2	...	85
1924	...	17·6	...	84
1925	...	17·8	...	92
1916—1920	...	21·76	...	120

During the period under review although the birth rate has steadily diminished (until this year) the infantile death rate has diminished at a much greater rate, leaving a considerable balance to the good.

Not only is a greater proportion of infants surviving, but the general population is living to a greater age, and the number who survive until after their 65th birthday is increasing rapidly.

In 1915 the number of people dying at 65 years or over constituted only one-sixth of the whole deaths, whereas in 1925 those of 65 and over constituted nearly one-third.

The following comparative table shows this :—

DEATHS OVER 65 YEARS.

Year.	Total, all ages.		Rate per 1,000		65 years and over.		Percentage of all deaths.	
1915	...	860	...	18·61	...	142	...	16·5
1920	...	655	...	14·16	...	122	..	18·6
1925	...	649	...	14·8	...	211	...	32·2

NATURAL INCREASE IN POPULATION.

Year.			1921.	1922.	1923.	1924.	1925.
Total Births ...	...	..	1096	987	853	831	836
Excess of Births over Deaths	...	...	432	308	285	261	187

1.—Natural and Social Conditions of the Area.

1.—GENERAL STATISTICS.

Area acres (Census 1921)	...	...	...	...	6,359
Population (Census 1921)	...	...	...	...	45,545
Population (Registrar-General's Estimate, middle 1925)	...	...	...	...	46,910
Density of Population per acre	...	...	...	...	7·37
Number of Inhabited Houses (beginning 1925)...	...	...	...	...	9,709
Number of New Houses Certified in 1925	...	...	...	...	108
Total at end of 1925	...	...	...	...	9,817
Number of Families or Separate Occupiers (1921)	...	...	...	...	10,230
Number of Persons per House	...	...	...	...	4·77
Rateable Value	...	..	...	...	£242,246
Sum Represented by a Penny Rate	...	...	...	...	£867 14s. 10d.
Poor Rate	...	...	...	...	7/-
General District Rate	...	...	...	...	5/6

COMPARATIVE VITAL STATISTICS.

District	Popula- tion (estimated) 1925.	Birth Rate	Infantile Mortality Rate	Standard- ised Death Rate	DEATH RATE FROM								
					Pulmon- ary Tuber- culosis	Non-Pul- monary Tuber- culosis	Respira- tory Diseases (except T'berc'lsis	Measles	Whoop'g Cough	Diarrhoea (under 2 years)	Scarlet Fever	Diphth- eria	Enteric fever
ACCRINGTON	...	13.1	61.0	13.5	0.64	0.25	2.56	0.00	0.00	0.04	0.00	0.11	0.00
ASHTON-U-LYNE	...	17.0	92.0	14.7	0.97	0.31	1.27	0.13	0.15	0.34	0.00	0.09	0.00
BATLEY	...	18.2	87.4	13.5	0.4	0.2	2.8	0.2	0.2	0.19	0.02	0.00	0.02
CHORLEY	...	17.3	103.0	12.4	0.66	0.25	1.95	0.34	0.47	0.28	0.00	0.06	0.00
CREWE	...	14.7	72.5	11.4	0.57	0.13	1.63	0.10	0.23	0.06	0.08	0.04	0.02
DARWEN	...	14.0	119.0	14.4	0.64	0.17	3.37	0.41	0.10	0.10	0.00	0.05	0.00
DEWSBURY	...	17.26	105.7	15.0	0.54	0.14	3.55	0.34	0.09	0.219	0.018	0.07	0.00
ECCLES	...	17.2	68.0	11.7	0.80	0.04	2.04	0.06	0.13	0.04	0.04	0.00	0.02
KEIGHLEY	...	14.9	81.0	13.9	0.85	0.28	2.4	0.23	0.09	0.04	0.00	0.00	0.00
LANCASTER	...	16.3	86.0	13.4	1.12	0.396	0.198	0.322	0.241	0.12	0.00	0.00	0.00
LEIGH	...	17.8	99.0	14.8	0.85	0.25	3.26	0.02	0.27	0.12	0.02	0.06	0.02
MACCLESFIELD	...	15.7	73.5	14.0	0.50	0.20	1.50	0.00	0.03	0.00	0.00	0.20	0.00
NELSON	...	11.8	78.0	11.9	0.57	0.20	1.85	0.15	0.20	0.05	0.05	0.05	0.00

Physical Features and General Character of the Area.

The whole of the district is flat and low-lying, its lowest point, 56 feet above sea level, being in the south-western part, and the highest, 138 feet above sea level, in the north-western part of the Borough.

The geological formation is of clay over red sandstone, underneath which are coal-bearing strata. In certain parts of the Borough subsidence is going on due to mining operations and causing considerable dislocation of sewers and drains.

Social Conditions, including the Chief Occupations of the Inhabitants.

The inhabitants of the Borough consist almost entirely of the industrial class, coal mining occupying the largest number of any single trade, closely followed by textile workers, chiefly in cotton. The insufficiency of houses is keenly felt by the working classes, and the overcrowding must of necessity prejudicially influence their social life.

There has not been brought to my notice any particular sickness due to any specific cause, but I consider the smoky condition of the atmosphere has a deleterious influence on the general health and predisposes to respiratory diseases.

VITAL STATISTICS.

RATE PER 1,000 OF THE POPULATION.

		Ten years average. 1915-1924.	1921.	1922.	1923.	1924.	1925.
Birth Rate	...	21.18...	23.5	21.1	18.2	17.6	17.8
Death Rate	...	14.74...	14.2	14.5	12.1	12.1	14.8
Infantile Death Rate							
per 1000 Births	...	114	119	89	85	84	99
Tuberculosis Death							
Rate	...	1.31...	1.13...	1.07...	0.91...	0.76...	0.85
Cancer Death Rate	...	0.86...	1.07...	1.13	0.95...	1.02...	1.06
Respiratory Death Rate		3.48...	3.54...	3.58...	2.98...	2.56...	3.18

SUMMARY OF THE PRINCIPAL CAUSES OF DEATH, 1925

(Estimated on the figures given by the Registrar General).

GENERAL DISEASES.

		No. of deaths.	Per cent. of total deaths.	Death-rate per 1000 of population.
Diarrhœa (under 2 years) ...	...	6	0·92	0·12
Specific Fevers ...	...	5	0·77	0·10
Influenza ...	...	20	3·08	0·42
Whooping Cough ...	...	13	2·0	0·27

CONSTITUTIONAL DISEASES.

Tuberculosis of respiratory system...	40	6·16	0·85
Other Tubercular Diseases ...	12	1·84	0·25
Cancer ...	50	7·70	1·06

DEVELOPMENTAL DISEASE.

Congenital Debility ...	36	5·54	0·75
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LOCAL DISEASES.

Heart and Circulatory System ...	88	13·55	1·87
Respiratory System—			
(a) Bronchitis ..	98	15·09	2·08
(b) Pneumonia ...	52	8·00	1·10
Urinary System ...	17	2·61	0·36
Reproductive System—			
(a) Parturition ...	2	0·30	0·04
(b) Puerperal Fever ...	1	0·15	0·02

VIOLENT CAUSES.

Accidents ...	22	3·38	0·46
Suicides ...	5	0·77	0·10

OTHER DISEASES.

..	182	28·04	3·87
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POOR LAW RELIEF.

The Outdoor Relief in 1925 amounted to £5,002 15s. 5d.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

A.—Hospital Accommodation.

1. Tuberculosis.—Institutional accommodation is provided entirely by the Lancashire County Council. There is no County Residential Institution in the Borough.

2. Maternity.—There is no provision in the district for normal or abnormal cases of maternity. Cases are obliged to go to St. Mary's Hospital, Manchester, the Leigh Union Hospital (situated outside the Borough), or the Bolton Nursing Home. Provision is greatly needed; the overcrowded condition of many houses, with the lack of accommodation, leads to situations of positive indecency. The risk of infection is also enormously increased.

3. Children.—No provision has been made for hospital treatment of children. The Local Authority subscribes £26 5s. od. per annum to the Manchester Children's Hospital. Most cases requiring hospital treatment find their way to this institution, and a few to the Leigh Infirmary.

4. Fever.—The Infectious Disease Hospital for the Borough of Leigh is under the control of the Leigh Joint Hospital Board, and is for the districts of Leigh Borough, Atherton, Tyldesley and Golborne Urban Districts, and Leigh Rural District. It is situated at Astley, outside the Borough. There are 128 beds for Scarlet Fever, Diphtheria, Enteric Fever, Measles, Puerperal Fever, &c.

5. Smallpox.—Provision is made through the Leigh Joint Hospital Board, which has a hospital containing 32 beds for a population of approximately 100,000, situated at Astley, near the isolation hospital for other infectious diseases. There was no case reported during the year.

6. General—

- (a) Leigh Infirmary for surgical and medical cases. A voluntary Institution of 30 beds, in course of enlargement to 68 beds.
- (b) Leigh Union Infirmary for general cases. The accommodation is 122 beds for adults, 13 children's cots, and 4 maternity beds. There is also a mental department with 60 beds. It is situated outside the Borough in Atherton.

ANNUAL SUBSCRIPTIONS TO HOSPITALS, &c.

			£	s.	d.
Manchester Eye Hospital	...	...	8	8	0
Manchester Ear Hospital	...	...	5	5	0
Manchester Royal Infirmary	...	...	50	8	0
St. Mary's Hospital	...	...	3	3	0
Manchester Children's Hospital	...	...	26	5	0
Leigh Infirmary	...	...	10	10	0
Royal Salford Hospital	..	..	10	10	0
N.S.P.C.C.	...	...	3	3	0
Total			£117	12	0

B.—Institutional Provision for Unmarried Mothers, Illegitimate and Homeless Children.

No provision has been made. Occasionally cases are assisted in procuring admission into voluntary institutions.

C.—Ambulance Facilities.

(a) For infectious cases.—A motor ambulance for removal of infectious cases to the Sanatorium at Astley is provided by the Joint Hospital Board, and is housed at the Sanatorium.

(b) For non-infectious and accident cases.—Four motor ambulances are provided by the Local Authority and housed at the Fire Station. Cases of accident within the Borough are removed free. A moderate charge is made to others; this is modified or excused in necessitous cases.

SUMMARY OF CASES REMOVED.

Accidents	...	...	...	81
Serious illness	...	..	...	869
Fatal cases	...	...	...	14
Various others	...	..	...	49
Total				1013
Miles travelled	...	...	...	9255

D.—Clinics and Treatment Centres.

(I) **Maternity and Child Welfare Centres.**—There is a Central Welfare Centre situated at Stone House, St. Helens Road, and a Branch Centre in Coal Pit Lane at the north-west part of the Borough. They are both provided by the Local Authority. A meeting is held at Stone House on Monday afternoon and at Coal Pit Lane on Wednesday afternoon for weighing, consultation and distribution of food.

Other Services carried on :—

- (a) Ante-Natal Clinic.
- (b) Instructional Sewing Class.
- (c) Treatment Clinics in co-operation with the School Medical Service.

(II) **Day Nurseries.**—There is none provided.

(III) **School Clinics.**

Clinic.	Sessions per Week.	Accommodation.
(1) Inspection	... One	... 2 Waiting Rooms and 1 Consulting Room
(2) Minor Ailment Treatment	(a) Stone House... Six (b) Coal Pit Lane. Six	..Waiting Room, Dressing Room ...Waiting Room, Dressing Room
(3) Ophthalmic	... One as... required	Waiting Room, Ophthalmic Room
(4) Aural	... One	...Waiting Room, Consulting Room

Clinic.	Sessions per week.	Accommodation.
(5) Dental ...	... Four ...	Waiting Room, Surgery, Recovery Room
(6) Operative (Tonsils and Adenoids)...	.. One as... required	Waiting Room, Anæsthetic Room, Operation Room, Recovery Room.
(7) Artificial Light..	...One as... required	Waiting Room Light Room

All the School Clinics are held at Stone House, St. Helens Road, with the exception of a Minor Ailment Clinic daily at Coal Pit Lane.

(IV) Tuberculosis Dispensary.—This service is under the control of the Lancashire County Council. The central dispensary of one of the areas is situated in the town. 368 cases were dealt with during the year.

The County Tuberculosis Dispensary, 13 Church Street, is open each Wednesday and Friday at 10 o'clock and also on the second Thursday in each month at 6-30 p.m. for patients who are working. Close co-operation has been maintained between Medical Practitioners, including the School Medical Officer, who regularly sends children with suspicious symptoms, and the Tuberculosis Staff.

Working in close association with the Dispensary, there is a voluntary Care Committee which meets monthly at the Dispensary for the purpose of providing clothing, nourishment, &c., for the poorer consumptives to enable them to persevere with their long course of treatment and prevent them becoming chargeable to the Guardians.

COMPARATIVE TABLE OF CASES DEALT WITH.

Year.	1921.	1922.	1923.	1924.	1925.
Number of Patients ...	580 ...	392 ...	387 ...	358 ...	368

(V) Venereal Diseases.—The scheme for treatment is administered by the County Council.

There is no centre for treatment in the town, but a choice can be made from Bolton, Wigan, Manchester, Salford and Warrington, all very accessible, and fares are paid in necessitous cases.

The Health Department acts as an information bureau to patients and medical practitioners.

The County Council supplies outfits for the collection of specimens and examinations free of charge. Salvarsan substitutes are also supplied free to approved medical practitioners. The service provided is decidedly adequate, but patients fail to embrace the full benefit by stopping treatment prematurely. Some compulsory means to ensure full course is necessary before the expenditure entailed can be considered remunerative.

E.—Public Health Officers of the Local Authority.

Office held.	Name.	Qualifications.	Other Offices held.	Whole or Part time
*Medical Officer of Health..	J. Clay Beckitt	... M.R.C.S., L.R.C.P., D.P.H.	School Medical Officer, Medical Off. M. & C. W.	...Whole
*Chief Sanitary Inspector...	Edwin Jackson	... A.R.S.I.	Inspector under .. the Canal Boats Acts. Rat Officer	...Whole
Sanitary Inspector	Wm. T. Frost	... Cert. R.S.I.	...	...Whole
„	...Arthur N. Nicklin...	Cert. R.S.I.	...	...Whole
†Health Nurse	...Miss A. B. Belyea...	...Children's Training C.M.B. R.S.I. Cert. for Women Health Visitors and School Nurses	...School Nurse	...Whole
†	„	...Miss C. A. Smith ...General and Fever Training	...School Nurse	...Whole
†	„	...Miss A. M. Boydell..General Training C.M.B. Cert. Q.V.J.I.	...School Nurse	...Whole
†	„	...Miss L. M. Goulden.General Training and C.M.B.	...School Nurse	...Whole
Clerk	...S. Cunningham	...	...	.. Whole

*Salary contributed to under the Public Health Acts.

†Salary contributed to by Treasury Grant.

F.—Professional Nursing in the Home.

(1) **General.**—A local District Nursing Association, supported entirely by voluntary contributions, carries on a very useful work. Two fully-trained Nurses are engaged and render very highly appreciated service in the homes. They are not allowed to visit infectious cases. There is no definite scheme of co-operation between the Association and the Health Department of the Local Authority, but constant reference from one to the other is carried out by the staffs. The Corporation does not subscribe to the funds of the Nursing Association. Occasionally a local private trained nurse is available for engagement, but such services are usually supplied through private nurses' homes in one of the neighbouring towns.

(2) **Infectious Diseases.**—The Health Nurses meet the demand as far as possible in the case of children suffering from Measles, Diarrhœa, Ophthalmia Neonatorum, &c.

G.—Midwives.

No midwife is supplied or subsidised by the Local Authority. There are 18 midwives practising in the district. The service is sufficiently supplied, but the work is very unevenly distributed, a few midwives having nearly all the practice.

The Lancashire County Council is the Supervising Authority. The midwives are taking an increasing interest in the Ante-Natal Clinic and a very harmonious relationship exists between them and the staff of the Maternity and Child Welfare Service.

With the establishment of a Maternity Home by the Local Authority, it is anticipated they will realise a greater benefit from co-operation and make more use of the Ante-Natal Clinic.

H.—Chemical Work.

The Lancashire County Council, through the local police, administer the Food and Drugs Acts.

The local Police Superintendent reports that during 1925 the following samples were taken and submitted to the Public Analyst for examination :—

Milk	...	...	...	...	52
Butter	...	..	...	...	15
Margarine		...	...	...	15
Lard	...	...	...	...	8
Jam	...	...	...	...	1
Pepper	...	...	...	..	8
Ginger	...	...	...	...	1
Coffee	...	...	...	...	13
Apples	...	...	...	...	3
Bicarbonate of Soda			...	...	8
Gregory Powder	...		...	...	1
Total					125

Samples analysed, prosecutions for adulteration, etc. :—

			1921.		1922.		1923.		1924.		1925.
Samples	...	...	149	...	132	...	131	...	137	...	125
Prosecutions...	...	...	—	...	4	...	—	...	4	...	—

The town's water is also frequently submitted to chemical analysis by the Manchester University Public Health Laboratory.

No adverse comment was made on the analyses during the year.

I.—Legislation in Force.

PRIVATE AND ADOPTIVE ACTS IN FORCE IN THE
DISTRICT.

Name of Act.	Date of Adoption.
Leigh Corporation Act	... September, 1903
Baths and Wash-houses Act, 1879	... In or about 1879
Infectious Disease (Notification) Act, 1889...	27th November, 1889
Private Street Works Act, 1892	... 30th July, 1895
Libraries Act, 1892	... 27th September, 1892
Public Health Acts (Amendment) Act, 1890 :	
Parts II. and III.	... 26th April, 1892
Parts IV. and V.	... 9th November, 1900
Housing of the Working Classes Act, 1890 :	
Part III.	... 11th March, 1902
Infectious Diseases (Prevention) Act, 1890...	14th October, 1902
Museum and Gymnasiums Act, 1891	... 11th March, 1902
Public Health Acts (Amendment) Act, 1907 :	
Part II., Sections 22, 30 and 33	<div> <div></div> <div>By Order of the Local Government Board, dated 1st May, 1913, which Order repealed the following Sections of the Leigh Corporation Act, 1903 : Sections, 151, 167 (so far as relates to Sec. 34 of the Act of 1907), 210, 211 and 212.</div> </div>
Part III., Sections 34, 36, 37, 49 and 51	
Part IV., Sections 55, 56, 63, 64 and 65	
Part V. (whole)	
Part X. (whole)	

BYE-LAWS AND REGULATIONS IN FORCE WITHIN THE DISTRICT.

	Date when made by Council.	Approved by Government Department.
Prohibition of Book-making, Betting or Wagering in Public Places	...16th Oct. 1900 ...	—
Compulsory Lighting of Vehicles	...13th Mar. 1900...	3rd May 1900
Prevention of Danger from Telegraph Wires, &c.	...12th Mar. 1901...	7th Oct. 1901
Markets	...30th Aug. 1901...	15th Oct. 1901
Omnibuses	...10th Sept. 1901...	26th Oct. 1901
Management, Use and Regulation of the Public Baths	...10th Sept. 1901...	29th Oct. 1901
Drainage of Existing Buildings	... 8th April 1902...	31st May 1902
New Streets and Buildings	..10th June 1902	...13th Aug. 1902
Slaughter-houses	...14th Oct. 1902	...29th Nov. 1902
Offensive Trades	...14th Oct. 1902	...29th Nov. 1902
Common Lodging-houses	..14th Oct 1902	..29th Nov. 1902
Nuisances	... 9th Nov. 1903...	2nd Jan. 1904
Tents, Vans, Sheds and similar Structures used for Human Habi- tation in the Borough of Leigh	...13th Oct. 1908	...23rd Dec. 1908
Provision of Means of Escape in case of Fire in certain Factories and Workshops in the Borough of Leigh	... 8th June 1909	... 2nd July 1909
For the Good Rule and Government of the Borough of Leigh and for the Prevention of Nuisances	...11th May 1909 ...	—
Rear Lights on Vehicles	... 8th Oct. 1912	...28th Nov. 1912
For Regulating the Employment of Children and Street Trading by Young Persons	...10th Aug. 1920...	22nd Jan. 1921
Regulations with respect to Dairies, Cowsheds and Milkshops	...12th Mar. 1901 ...	—
Regulations as to Internal Water Fittings, Service Pipes, &c.	...March 1907	... —
Regulating the Travelling and Pre- vention of Nuisances in Motor Omnibuses	...13th June 1922	...23rd Aug. 1922
P leasure Grounds	...12th Dec. 1922	...7th Feb. 1923

SANITARY CIRCUMSTANCES OF THE AREA.

(a) **Water.**—Purchased in bulk from the Liverpool Corporation. It is frequently chemically examined and found satisfactory. The lead solvency action found to exist some years ago is effectively checked by systematic treatment. Service reservoir equals one day's supply. Average daily consumption per head, 21·09 gallons. The provision is far from satisfactory both on account of lack of permanency of the supply and the insignificant storage capacity.

Mains are provided all over the area, except some outlying rural parts. The supply is constant and in all cases direct into the houses. The water is gathered on the moors between Bolton and Preston and the gathering ground is well protected from contamination by domestic or animal occupation.

(b) **Rivers and Streams.**—Several streams flow through the area. The largest is the Glaze into which the others flow, and which ultimately empties into the Manchester Ship Canal.

They are all more or less constantly polluted by sump water from collieries, etc.

The Mersey and Irwell Watershed Joint Committee administer the Rivers Pollution Prevention Acts in the area.

A few complaints have been received, principally from persons interested in fishing.

(c) **Drainage and Sewerage.**—The whole of the Urban portion of the district is sewered. On account of subsidence from coal mining considerable disturbance of the sewers takes place, leading to frequent repair or replacement.

The higher part of the district drains by gravitation, the sewage from the lower parts being gathered into tanks and pumped.

There is no separate system for surface water. The sewers are frequently flushed by the Corporation staff.

The sewage is treated by the Leigh and Atherton Joint Sewerage Board, situated in the Borough, by means of bacteria beds with sprinkler and percolating filters lately increased to over 2,300 cubic yards capacity.

No complaints have been received from the Watershed Joint Committee of the nature of the effluent which flows into the Glaze.

The dry weather flow is 2,000,000 gallons per day. The first portion of the storm overflow is passed on to a specially drained land plot of 9 acres.

(d) Closet Accommodation.

Number of Houses	...	...	...	9817
Fresh Water Closets	...	...	...	8683
Waste Water Closets	...	...	...	853
Privies	...	...	...	111
Pails	...	...	...	7

Thirty-nine conversions of privies to freshwater closets were carried out during the year. The Local Authority contributes approximately one-third the cost on approved tenders, after satisfactory completion, unless their condition constitutes a nuisance under the Public Health Act.

CONVERSIONS.

	1921.		1922.		1923.		1924.		1925.
Privies and Pails in use...	424	...	408	...	400	...	378	...	157
Converted during year ...	16	...	8	...	22	...	221	...	39

At the end of the year 118 privies and pail closets still existed. All except those beyond a reasonable distance from the water main and sewer will be converted. The shortage of labour in the plumbing trade has materially retarded the completion of the conversions.

(e) Scavenging.—This work is carried out by the Cleansing Department, at the head of which is a Superintendent, who also has charge of the Refuse Destructor.

His duties include the supervision of street sweeping, removal of house refuse, flushing of sewers and removal of snow.

The house refuse, privy and ashpit contents are removed by motor wagons and horse carts to the destructor or local tips. About two-thirds is taken to the destructor and treated in a four-cell Horsfall's Refuse Destructor.

COMPARISON OF ASHPITS AND BINS.

Year.	1921.	1922.	1923.	1924.	1925.
Wet Ashpits ...	200	196	186	70	58
Dry Ashpits ..	3879	3874	3884	4000	4012
Bins ...	1239	1457	1800	2025	2133

(f) Sanitary Inspection of the Area.

(1) Premises visited—

Slaughter-houses ...	...	...	...	...	1380
Piggeries ...	...	..	..	..	193
Dairies and Cowsheds	...	...	...	...	174
Milk Shops ...	...	...	...	...	71
Bakehouses...	...	..	.	...	103
Common Lodging-houses	..	..	...	...	16
Houses let in lodgings	...	...	...	...	57
Vans and Tents ...	..	...	..	...	23
Offensive Trades ...	...	...	...	...	173
Factories ...	...	...	...	...	22
Workshops and Workplaces	...	...	..	...	197
Schools ...	...	...	...	...	79
Smoke Observations...	...	...	...	...	114
Ice Cream Makers ...	...	..	..	...	74
Canal Boats	...	...	...	...	109

(2) Defects or Nuisances discovered—

Defective House Drains	...	...	...	...	807
„ Gullies ...	...	...	...	...	461
„ Sink Pipes ...	..	...	...	...	172
„ Water Closets	...	...	...	...	670
„ Privies ...	..	...	...	...	38
„ Spouting ...	...	..	...	...	605
„ Roofs ...	...	...	...	...	303
„ Pavements, Channelling and Yards	...	...	...	...	64
Dis-repair of Houses	...	...	...	..	471
Filthy Houses	...	...	...	...	18
Damp Houses ..	...	...	...	...	303
Insufficient Ventilation	...	...	..	...	31
Dis-repair of Ashpits...	...	..	...	...	76

(3) Action taken—

Representations made	...	...	...	...3245
Notices served—(a) Informal	...	...	...	... 774
(b) Statutory	...	...	...	... 82

(4) Result—

Number dealt with	...	...	...	...4019
,, reported to Health Committee	...	...	...	... 601
,, remedied without notice	...	..	...	...3270
,, ,, after notice	...	...	...	... 640

CANAL BOATS ACTS.

Inspected	...	...	...	...	...	...	...	109
Registered and in use	...	...	...	...	...	...	...	149
New Boats registered	...	...	...	...	...	...	...	Nil
Infringements reported	...	...	...	..	...	...	...	Nil

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors.

Premises.	Number of Inspections.	Number of Written Notices.	Number of Prosecutions
Factories (including Factory Laundries)	... 22	... 4	... Nil
Workshops (including Workshop Laundries)	... 300	... —	... Nil
Workplaces (other than Outworkers premises)..	173	... —	... Nil
Total	... 495	4	Nil

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars.	Number of Defects. Found.	Remedied.
Nuisances under the Public Health Acts—		
Want of Ventilation	... 1	... 1
Sanitary Accommodation—		
Unsuitable or defective	... 1	... 1
Total	... 2	2

(g) **Smoke Abatement.**—The subject of excessive emission of smoke from works chimneys has engaged the attention of the Health Committee, and arrangements are being made through the Local Education Committee to hold a course of lectures to engineers and boiler attendants.

In all cases where an observation shows excessive emission the engineer in charge of the plant is interviewed and a notice sent to the owners of the premises.

The observations taken during the year were 114. No prosecutions were undertaken.

The time limit allowed for the emission of black smoke is eight minutes per hour.

Considerable trouble was caused for some weeks by the emission of grit from the chimney of a coal mine. On representations being made the owners readily proceeded to find a remedy and eventually succeeded.

No readings of atmospheric impurities have been taken.

(h) **Premises and Occupations which can be controlled by Bye-Laws or Regulations :—**

Public Baths	...	...	...	...	1
Slaughter-houses Registered...			...	...	13
„ Licensed	...		...	...	6
Offensive Trades—					
Gut Scraper	...	...	...	...	1
Tripe Boilers	...	...	...	..	3
Common Lodging-houses	...		...	...	2
Tents, Vans and similar structures used for human habitation.					
Dairies and Cowsheds Regulations.					

No bye-laws have been adopted in regard to houses let in lodgings. I consider such a step very desirable and have advised my Committee to that effect.

There are no underground sleeping rooms in the Borough. I therefore do not see the need for bye-laws regarding them.

(i) Schools.—

Public Elementary—(a) Provided	...	...	1
„ (b) Non-provided	...	...	17
Secondary ...	...	...	2
Private ...	...	...	2
Technical ...	...	...	1
Day Continuation ...	...	...	1

The Public Elementary Schools are frequently visited and the sanitary arrangements kept under strict observations.

All the Schools are supplied by the Corporation water supply and have a sufficiency of fresh water closet accommodation.

Most of them are on the trough system and flushed by means of automatic tipplers.

The system is not satisfactory; it is too dependent on the personal element, and all caretakers are not sufficiently interested in this part of their work. Great vigilance is necessary to maintain a reasonable condition of cleanliness.

The provision for washing at some of the Schools is far from satisfactory and lack the degree of cleanliness desirable in a teaching establishment.

The cloak-rooms are not suitable, badly lighted and unheated in most Schools.

A defect common to all Schools in some degree is the unpaved playground. Cinders are generally used to cover the ground surrounding the School building, with the result that in dry weather a cloud of black dust is floating about, and on wet days the children have to play in a black quagmire, much of which is carried on the boots and clogs and deposited in the class-room.

Efforts are being made to reduce the obnoxious conditions by paving at least some portion of the yards.

The three age groups and specials are inspected yearly in the Public Elementary Schools.

An Inspection Clinic is held weekly for the re-inspection of those found defective and to supervise the Minor Ailment Clinics.

Clinics for the treatment of dental defects, tonsils and adenoids, defective vision, ear, nose and throat diseases and the application of artificial sunlight are provided.

Efforts to prevent the spread of infectious disease in the schools have been carried out for some years much on the lines recommended in the Board of Education's Memorandum on Closure of and Exclusion from School, 1925.

All School children, whether attending public or private Schools, suffering from an infectious disease and their contacts are excluded from School for a definite period according to the particular disease, and not re-admissible except on the certificate of the Medical Officer of Health, who is also School Medical Officer.

The examinations for this purpose are held at the Inspection Clinics.

The ascertainment of notifiable infectious cases is secured by notifications by medical practitioners. Cases of non-notifiable diseases by reports of head teachers, health nurses, school attendance officers and the principals of the private schools.

The schools are disinfected on the occasion of an outbreak of infectious disease and during holidays.

The personal books and school appliances of infectious cases are destroyed or occasionally disinfected, and the desk and its surroundings occupied by the child well washed with disinfectant.

It is rare to be able to trace infection to a school mate, except in the case of Measles and Whooping Cough. The home of the infectious child is fumigated by formalin on convalescence or removal.

HOUSING.

(I) GENERAL HOUSING CONDITIONS.

(1) **General Housing Conditions.**—The majority of the houses are of the cottage type, of four or five rooms, and make very useful and healthy family houses. They are good working-class homes for one family of average size. Unfortunately, at present, many have to accommodate two or three families.

With the exception of about two dozen, the houses are through houses, with good sized yards, generally private and paved.

On the other hand there are a good sprinkling of old houses, bad in structure and repair, often clustered together in an irregular hapazard manner. These houses are generally beyond repair and on several counts could be condemned. Demolition, however, would be no remedy under present circumstances.

Practically all the houses in the area are built of bricks, and all except a few old ones have high ceilings, are well lighted and airy, supplied inside with town's water, drained with trapped drains, and all except a small percentage have water closets.

There are 26 back to back houses, but no slums.

On an area of 6,359 acres there are 9,815 houses, giving an average of 1·54 per acre.

The 1921 census returns give the following information :—

Total number of houses 9335

Of which 1433 houses contained one to three rooms.

7225	„	four to five rooms.
607	„	six to eight rooms.
70	„	nine or more rooms.

(2) (a) **Extent of Shortage of Houses.**—In 1919, as the result of a survey, it was estimated there was a shortage of 1,225 houses.

Judging by the overcrowding and the long undiminishing list of applicants for municipal houses, I am satisfied that the shortage is as great as ever. At the end of the year there were 1,144 applicants for municipal houses and that was after a combing out only nine months earlier.

Very few of these applicants live in the houses which would be dealt with by closure and demolition if accommodation elsewhere could be found for the occupiers.

(b) **Measures taken or contemplated to meet the Shortage.** During the year 7 houses were privately built and 101 with State assistance under the Housing Acts, 76 by the Local Authority and 25 by other persons.

At the end of the year 141 houses were in course of erection under the Council's building schemes and further schemes have since been commenced and others under consideration.

Private enterprise is also subsidised.

During the last five years the following number of houses have been erected :—

Year.	1921.	1922.	1923.	1924.	1925.	Total.
No. of Houses ...	66 ...	150 ...	34 ...	124 ..	108 ...	482

(3) **Important Changes in Population.**—There has been no manifest change in the population. The number of people travelling into the town to their work from surrounding towns, and the general steady employment in the industries, suggest a considerable influx would take place if housing accommodation could be found.

(II) OVERCROWDING.

(a) **Extent.**—Over 900 houses or nearly 10 per cent. of private dwelling-houses are occupied by more than one family.

This state is accounted for by two or three families occupying one house or a family taking in lodgers. Many instances are really houses let in lodgings. Without bye-laws regarding houses let in lodgings unsatisfactory conditions arise very difficult to deal with, and the present shortage of houses leaves no option to many occupants but to tolerate conditions distinctly prejudicial to health and general well being.

(b) **Causes.**—Shortage of houses is almost the only cause. There are many families living in lodgings whose income would not admit of payment of the economic rent of a recently-built house, but there are many families occupying houses smaller and of a lower rent than they would, if others more suitable were available. They would in turn release the lower rented house for their less favoured neighbours.

On the other hand, a very large number of families occupying lodgings are paying for very limited and indifferent accommodation, a sum quite equal to the rent of a "subsidy" house.

Given a sufficiency of houses, overcrowding could and would quickly disappear.

(c) **Measures taken or contemplated for dealing with Overcrowding.**—No official action has been taken in individual cases on account of the impossibility of bringing home the responsibility for the state of affairs to the individual by reason of the lack of houses, but by informal representations and persuasion some of the worst cases have been modified. Attempts, with fair success, are made to influence the owners of cottage property in favour of families lodging in overcrowded houses. This source of relief is, however, very restricted.

The building schemes in hand and those contemplated, if of a sufficiently generous scale, will gradually overcome the difficulty. At the same time, I consider the claim of the "large family" should receive more consideration, especially where public money is involved.

(d) **Cases.**—A few examples which have been met with are here given :—

Case I.—House of 3 rooms down and 4 bedrooms.

Four related families.

10 adults, 5 males, 5 females.

Children, 8 boys, 8 girls.

Case II.—House of 2 rooms down and 3 bedrooms.

Two families.

1st family : Husband, wife, children aged 19, 14½, 3 months.

2nd family : Husband, wife, children aged 5, 4, 3, 2.

Case III.—Family in lodgings, occupying one bedroom and 1 kitchen (back kitchen).

Father and mother.

Boys aged 2 and infant.

Girls aged 21, 19, 17, 8 and 5.

Case IV.—House of 2 rooms down and 2 bedrooms and a landing
 1st bedroom : Father and mother.
 2nd bedroom : 4 sons and married son-in-law.
 Landing : 3 daughters and married daughter with 3
 children aged 5, 4, 1 month.

Case V.—House of 1 room down and very small back kitchen, 2
 bedrooms.
 Occupier sleeps downstairs.
 1st bedroom : Married son and wife, 3 children $4\frac{1}{2}$, $3\frac{1}{2}$,
 and 2 years.
 2nd bedroom : 3 men logders.

Case VI.—House of 2 rooms down and 2 bedrooms.
 Two families.
 1st bedrooms : Father and mother, boys aged 15 and 5,
 girls aged 19, 8 and 3.
 2nd bedroom : Father and mother, boy aged 5, girls
 aged 10, 7 and a baby.

Case VII.—A small house, two kitchens downstairs and two bedrooms.
 1st bedroom : 3 adult males (2 beds).
 2nd bedroom : Occupier and wife. Husband, wife and
 1 child. One married woman (3 beds).
 Back kitchen : Husband, wife and 3 children, aged 4,
 2, 2 months (1 bed).

The circumstances are even worse in houses let in lodgings. There are instances of families living and sleeping in one room with no water or sanitary conveniences of any kind on the same floor or within reasonable distance, and procurable then only under great inconvenience. The mixing of the sexes in bedrooms is often quite indecent.

(III) FITNESS OF HOUSES.

(I) (a) **General Standard of Housing.**—The houses are generally of a satisfactory character. Their state of repair, with the exception of those scheduled for closure when other accommodation is available, is satisfactory. They are roomy, 77 per cent. contain four to five rooms, but they generally lack bath-rooms and suitable provision for the storing of food.

(b) **General Character of Defects found in Unfit Houses.**

Dampness.

Insufficient ventilation.

Defective troughings and roofs.

Blocked drains and gullies.

General uncleanness.

(c) **Responsibility for the Condition of the Houses.**

(1) **Owner.**—The management of most of the cottage property is in the hands of agents who take little interest in the property beyond collecting the rent. This is mostly done by young irresponsible clerks who generally repudiate any power to attend to representations of the tenants.

The system is bad, especially to the interests of the owner. It debars the application of the proverbial “stitch in time” principle, and leads to indifference on the part of the tenant.

It saves his pocket to-day, but encourages a general dilapidation which brings the property under the attention of the Sanitary Inspector and an expenditure of many times the sum it would have cost to prevent the mischief.

I am satisfied that the best manager and collector for cottage property, and the older the property the greater the advantage, is a woman. She detects small defects and damage much more quickly than a man, and can obtain access to the interior of the premises more readily and with greater freedom.

The wife generally hands over the rent, and a woman can discuss details of domestic affairs with a woman much better than can a man, and at the same time point out appropriate remedies and means of prevention of much damage.

(2) **Tenant.**—Many tenants take a worthy pride in the house they live in, and do much in the way of minor repairs and decoration. They are usually amply rewarded by the increased pleasure they receive from their surroundings.

On the other hand, there are tenants, mostly occupants of the poorer class of property, who do not make reasonable use of the house.

It is quite common to find the flags of the back kitchen floor broken up by the splitting of fire-wood and breaking of coal.

Gullies blocked by domestic material are often left until the surrounding yard is soaked with filth and the block relieved by the owner on information of the Sanitary Inspector.

This class of tenant is generally indifferent to his own well being and is not likely to consider the interest of anyone else.

I consider more responsibility should be placed on the tenant with regard to the maintenance of cleanliness and remedying minor defects of the property he occupies, especially where it can be shown that the conditions are due to improper practices.

In such cases interviews and a little straight talk to both owner and tenant have resulted in immediate remedy and the maintenance of an improved condition.

(II) General action as regards Unfit Houses.

(a) **Public Health Acts.**—Representation is made to, or informal notice served on, the owner. If necessary a statutory notice follows. In only 15 per cent. of the cases was a statutory notice required, and of that number 92 per cent. were remedied without further action.

(b) **Housing Acts.**—No action has been taken for this purpose.

(III) Difficulties for Remedying Unfitness.

The unfitness is remedied without much difficulty, but delay in the completion of the work is often due to the contractor being engaged on more congenial work, or difficulty in supplying suitable tradesmen.

There are no agreed arrangements existing for the gradual carrying out of repairs, but experience shows that an interview with the owner on the site secures a satisfactory remedy.

The remaining back-to-back houses will be dealt with as soon as alternative accommodation is sufficient, by converting two houses into a "through" house.

Other insanitary property will be reported with a view to closure.

(IV) Other Conditions affecting Housing.

The houses generally have a constant internal supply of satisfactory water, with a sink and waste emptying over a gully connected with a trapped drain.

The urban portion of the Borough has the water carriage system of sewerage and with the exception of 65 the closets are connected with the system. Ten per cent., however, of the water closets are of the waste water type, fitted in most instances with a ducket tippler. This type is, I consider, more objectional and dangerous than even a privy, and I hope efforts will be made to convert them into fresh water closets, as soon as the conversion of privies is complete.

(V) Unhealthy Areas.

No complaints have been received in regard to unhealthy areas, and no representations have been made.

(VI) Bye-Laws Relating to Houses, etc.

(1) Bye-laws are operative in regard to tents, vans, sheds and similar structures used for human habitation. They are quite efficient for the purpose intended. Such structures, if used in a stationary manner, are dealt with as temporary buildings requiring plans to be submitted, approved only on condition that they are removable on the request of the Council.

There are no bye-laws in regard to houses let in lodgings.

(2) I consider bye-laws in regard to houses let in lodgings are very desirable. The internal arrangements of the houses so used are not suitable for the purpose, and lack the minimum of sanitary convenience. Such conditions must be prejudicial to health, especially so to young children. The present straights in which people find themselves with regard to housing leaves them no alternative to accepting such accommodation as is procurable, however bad it may be.

HOUSING STATISTICS FOR THE YEAR 1925.

No. of new houses erected during the year :—

(a) Total (including numbers given separately under (b))	...	108
(b) With State assistance under the Housing Acts—		
(I) By the Local Authority	... ..	76
(II) By other bodies or persons	... ..	25

1. UNFIT DWELLING-HOUSES.—

Inspection—

(1) Total number of Dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1176
(2) Number of Dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidation Regulations, 1925... ..	81
(3) Number of Dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation... ..	Nil
(4) Number of Dwelling-houses (exclusive of those referred to under (3) found not to be in all respects reasonably fit for human habitation	1176

2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective Dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	793
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3. ACTION UNDER STATUTORY POWERS.

A. Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of Dwelling-houses in respect of which notices were served requiring repairs	Nil
(2) Number of Dwelling-houses which were rendered fit after service of formal notices—	
(a) by Owners	Nil
(b) by Local Authority in default of Owners	Nil
(3) Number of Dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close	Nil

B. Proceedings under Public Health Acts.

(1) Number of Dwelling-houses in respect of which notices were served requiring defects to be remedied	119
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(2) Number of Dwelling-houses in which defects were remedied after service of formal notices—				
(a) by Owners	..	...	...	110
(b) by Local Authority in default of Owners	...	...	...	Nil

C. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	...	Nil
(2) Number of Dwelling-houses in respect of which Closing Orders were made	...	Nil
(3) Number of Dwelling-houses in respect of which Closing Orders were determined, the Dwelling-houses having been rendered fit	... ..	Nil
(4) Number of Dwelling-houses in respect of which Demolition Orders were made	...	1
(5) Number of Dwelling-houses demolished in pursuance of Demolition Orders	...	Nil

INSPECTION AND SUPERVISION OF FOOD.

(a) **Milk Supply.**—The milk produced within or brought into the area, with the exception of designated milk, is only of average quality and cleanliness. The quantity is adequate to the demand. It is not produced under entirely satisfactory conditions, especially with regard to cleanliness, and the manner of distribution is very unsatisfactory. The general practice is to dip the measuring can into the open churn, exposed to dust and rain, and the coat sleeve, also dirty from exposure, being wiped against the inside of the neck of the churn. I consider no method of distribution is satisfactory which allows the milk to be exposed to the atmosphere of the street. Bottling on registered premises, or run from the churn by means of a removable tap into measuring bottles, I consider are the only means by which milk can be distributed without the certainty of contamination.

Since the end of the year two applicants for registration as retail purveyors have undertaken to sell bottled milk only, and another has stated he intends shortly to use tapped kits.

There are 57 cow-keepers and 18 retail purveyors registered. The number of inspections made were 174.

The regulations made under the Dairies, Cowsheds and Milk Shops Orders and the Milk and Dairies (Amendment) Act, 1922, are carried out.

(I) A Veterinary Inspector has been appointed to inspect all dairy cattle on registered premises and to carry out the Tuberculosis Orders generally.

(II) Three dealers' licences have been granted for the sale of grade A milk.

It is produced and bottled outside the area. I am in close touch with the Medical Officer of Health of that area, and am kept informed of any circumstances relevant to the supply at its source.

There have not been any licences granted or refused to pasteurise milk.

(III) Six applicants for registration as retailers were refused on the grounds that the milk was sold and stored in shops from which was sold various articles, such as onions, vinegar, potatoes, etc., which are likely to lead to the contamination of the milk.

No refusal for a licence to deal in designated milk was made.

Samples for analysis of milk under the sale of Food and Drugs Acts are taken by appointed officers of the County Police.

The table below shows the number of samples of milk taken, the number of prosecutions and the results thereof for the last five years :—

Year.	1921.	1922.	1923.	1924.	1925.
Samples taken	28	53	80	63	52
Prosecutions	—	4	—	4	—
Convictions	—	4	—	4	—

(b) **Meat.**—(I) The slaughter-houses are visited regularly at the time of slaughter and other times. Three butchers have given written notice of fixed hours and days for slaughtering. They also give proper notice of intention to slaughter outside those hours.

The other slaughterers give proper notice of each occasion.

Printed blank forms are supplied to the butchers on which to give notice of intention to slaughter. Documentary evidence is thus available in case of dispute.

The meat is not marked.

Unless the circumstances are suspicious an opportunity is given the butcher to surrender the meat and remove it under supervision for destruction.

All diseased meat is destroyed in the carcase chamber at the Corporation Refuse Destructor.

The following shows the meat destroyed during each of the last five years :—

Year.	1921.	1922.	1923.	1924.	1925.
Weight in pounds ...	3731	4184	3259	4748	8572

(II). The premises are very frequently visited and generally comply with the regulations.

Many of the shops have fixed windows, and where movable ones exist they are usually kept closed.

The stalls, only used two days per week and situated in an open market-place, comply with the regulations under close supervision.

The same applies to the vehicles used for the transport of meat.

(III). There is no public slaughter-house.

PRIVATE SLAUGHTER-HOUSES.

Year.	1920.	January, 1925.	December, 1925
Registered	16	13	13
Licenced	5	6	6
Total	21	19	19

(c) **Other Foods.**—All food exposed for sale is carefully scrutinised.

The following has been destroyed on account of unsoundness during the last five years (excluding butchers' meat) :—

WEIGHT IN POUNDS.

Year.	1921.	1922.	1923.	1924.	1925.
Fish and Tripe ...	16475	18760	20431	19052	12946
Fruit and Potatoes ...	810	947	1127	1230	2240
Rabbits and Fowl ...	103	120	84	90	171
Total ...	17338	19829	21642	20372	15357

Bake-houses and other premises concerned with the preparation, etc., of food are frequently visited and the sanitary arrangements inspected.

They all remain in a satisfactory condition.

The premises used for the manufacture of ice cream receive special attention.

(d) No case of food poisoning has been bought under my notice.

(e) The Sale of Food and Drugs Acts are administered by the Lancashire County Council.

(f) Milk and Cream Regulations are also administered by the Lancashire County Council.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

The prevalence of the notifiable diseases during the last five years is as shown below :—

Disease.	1921	1922	1923	1924	1925
Diphtheria ...	59	76	39	26	57
Erysipelas ...	17	21	20	27	23
Scarlet Fever ...	164	157	173	133	53
Enteric Fever ...	2	9	4	3	4
Puerperal Fever ...	4	3	3	3	3
Ophthalmia Neonatorum ...	31	31	23	10	13
Pneumonia ...	44	57	53	40	55
Cerebro Spinal Fever ...	1	2	1	—	—
Encephalitis Lethargica ...	3	—	4	6	2
Malaria ...	3	—	—	—	—
Measles ...	10	25	—	—	—
Acute Poliomyelitis ...	—	—	—	—	1

Diphtheria.—The district is never quite free from cases of the disease, but it is extremely rare that a case can be associated with a previous one, directly or indirectly.

Uncomplicated cases, if treated reasonably early, invariably recover. Most of the patients are sent at once to the Isolation Hospital, as much on account of the value of trained nursing in these cases as for the protection of the public.

Diphtheria Anti-toxin is supplied free to the medical practitioners in doses of 4000 units, and they are urged to use it early and freely, and asked to administer a dose at the earliest possible moment, even if the patient is for removal. They are advised to administer it even in doubtful cases, pending a decision by the development of clinical signs or bacteriological examination of a swab.

Enteric Fever.—In no year have we been without a few cases, three or four usually ; but in 1922 we had nine cases. Four of them were paratyphoid, and with the exception of two cases at the same time, a man and his wife, no association could be found between case and case.

In not a single instance could the source of the disease be ascertained ; particularly shell-fish was ruled out.

Scarlet Fever.—The area is never quite free from cases of the disease. The type has greatly changed, a malignant example is now very rarely seen.

On account of the overcrowded condition of many of the homes, it has been necessary to send more cases into the Isolation Hospital than was wished.

Very few return cases have been come across. I think this is probably due to greater compliance with instruction on the part of the parents when the convalescent patient returns home or is released from home isolation.

I have not been able to discover an instance of school dissemination of the disease.

Encephalitis Lethargica.—During the last five years 15 cases have been notified, and in addition I have ascertained, through the School Medical Service, three other cases which were not diagnosed at the time, but have since developed symptoms which make the diagnosis certain.

The cases have occurred at all ages, and apparently the infectivity of the disease is very low. However, I came across an example of two persons, father and daughter, living in the same house affected within a period of possible infection.

The after-effects of the disease in some of the cases are very distressing, and is made worse particularly for people of small means and accommodation by reason of the absence of appropriate institutions to which they can be sent when unsuitable for home treatment.

Pneumonia.—The notification of the disease is not carried out at all perfectly. There are more deaths certified than cases notified.

In 1921 only were any cases of Malaria, Dysentery or Trench Fever notified, viz., three of Malaria.

Specimens for pathological and bacteriological examination, 89 in number, were sent to Dr. Cooke at the Pathological Laboratory, Royal Albert Edward Infirmary, Wigan. They consist principally of swabs for Diphtheria.

Isolation of patients suffering from infectious diseases is carried out by removal to the Isolation Hospital or at home by arranging that one member of the family only nurses the patient and refrains from contact with the rest. The patient is confined to one room, everything passing from the room to be immediately destroyed by the "nurse." Free use of disinfectants in the room and approach and generous ventilation are insisted on.

No school child convalescent is allowed to return to school until permission is given by the School Medical Officer.

The Isolation Hospital is under the control of the Leigh Joint Hospital Board. There are 128 beds for a population of approximately 100,000.

During the past five years the following number of patients, suffering from Diphtheria, Scarlet Fever, Enteric Fever and Puerperal Fever have been removed to the Isolation Hospital :—

Year.	1921	1922	1923	1924	1925
Number notified	229	245	219	165	117
Number removed to					
Hospital...	174	177	161	115	86
Percentage	75	72	73	69	73

Disinfection of the room on the removal or convalescence of the patient is carried out by formalin lamps.

Washable clothes are dealt with by soaking in a cresol disinfectant and afterwards washed, or if suitable, boiled. The steam disinfecter situated at the Destructor, is available for others articles.

PREMISES DISINFECTED AFTER INFECTIOUS DISEASE. (INCLUDING SCHOOLS).

Year.	1921	1922	1923	1924	1925
Number of Premises	347	325	298	228	160

Neither the Schick nor the Dick test has been used. Artificial immunisation against Diphtheria and Scarlet Fever has not been practiced.

No vaccinations under the Public Health (Smallpox) Regulations were performed by the Medical Officer of Health.

The information regarding non-notifiable infectious diseases is too meagre and unreliable to form a basis for grounding any opinion upon. The only regular source of information is from weekly returns of the Head Teachers of the Public Elementary Schools.

This source and any other casual channel is utilised by the Health Nurses in their home visiting of cases of Measles, Whooping Cough, etc., and ascertaining and excluding from school contacts of these diseases if the information is confirmed.

DEATHS FROM INFLUENZA.

Year.	1921	1922	1923	1924	1925
Deaths	7	46	17	19	20
Percentage of total deaths	1.05	6.77	2.99	3.32	3.08

Nothing in the nature of an epidemic has occurred during the period under review, except in 1922 when we had a death rate from the disease of nearly 1 per 1000. The pulmonary type was most common and many cases developed Pneumonia.

No arrangements exist for cleansing or disinfecting verminous persons. Their belongings are either fumigated by sulphur or formalin in sealed rooms, or removed to the high pressure steam disinfectors.

Premises which have been exposed to infectious disease are sealed and fumigated by formalin. Some articles are kept in the room and subjected to the formalin. Others are removed by means of the horse-drawn van retained for the purpose to the steam disinfectors.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) 1925.

Disease.			Total Cases Notified.	Cases admitted to Hospital.			Total Deaths.
Smallpox	...	...	Nil	...	Nil	...	Nil
Scarlet Fever	...	...	53	...	39	...	1
Diphtheria	...	...	57	...	40	...	3
Enteric Fever	...	...	4	...	4	...	1
Puerperal Fever	...	...	3	...	3	...	1
Encephalitis Lethargica	...	...	2	...	—	...	2
Acute Poliomyelitis	...	...	1	...	—	...	—
Erysipelas	...	...	23	...	1	...	—

TUBERCULOSIS.

NOTIFICATION OF NEW CASES DURING 1921—1925.

Notifications	Year.		1921	1922	1923	1924	1925
Deaths	Pulmonary		58	70	49	49	48
	Non-Pulmonary		23	34	36	38	45
Deaths	Pulmonary		53	50	43	36	40
	Non-Pulmonary		7	8	13	9	12

It will be noticed that there is a more or less consistent fall in the incidence and mortality of the pulmonary form of the disease, and a somewhat similar rise in the incidence and mortality of the non-pulmonary form.

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1925.

NEW CASES.							DEATHS.				
Age periods.		Pulmonary		Non-Pulmonary			Pulmonary		Non-Pulmonary		
Years.		M.	F.	M.	F.		M.	F.	M.	F.	
0-1	...	..	0	0	0	1	...	0	0	0	0
1-5	...	...	0	0	9	2	...	0	0	3	1
5-10	...	...	1	0	5	2	...	0	0	0	0
10-15	...	...	1	2	2	4	...	0	1	0	0
15-20	...	...	3	4	5	4	...	2	3	1	2
20-25	...	...	7	2	3	1	...	4	3	2	0
25-35	...	...	5	9	1	2	...	2	7	2	0
35-45	...	...	6	2	0	0	...	4	4	0	0
45-55	...	...	2	1	0	1	..	7	0	0	1
55-65	...	...	2	0	2	1	...	1	0	0	0
65 and upwards	...	...	0	1	0	0	...	1	1	0	0
		<hr/>		<hr/>				<hr/>		<hr/>	
		27	21	27	18	..	21	19	8	4	
Totals		<hr/>		<hr/>				<hr/>		<hr/>	
		..	48	45				40	12		

The following statement was supplied by the Consulting Tuberculosis Officer :—

		Adults. (15 and over).		Children.		Total.	
No. of cases admitted to Sanatoria	...	7	...	3	...	10	
No. of cases admitted to Pulmonary Hospitals	36	...	—	...		36	
No. of cases admitted to General Hospitals	9	...	13	...		22	
No. of cases granted Skin Hospital Treatment	3	...	2	...		5	
No. of cases granted X-Ray Examination...	—	...	—	...		30	
No. of cases granted Dispensary Supervision, with provision of Special Nourishment ..	—	...	1	...		1	
No. of cases granted Dispensary Supervision or Dispensary Treatment	...	281	...	87	...	368	
No. of cases under supervision on 31st December, 1925	...	230	...	81	...	311	
Pulmonary	...	132	} 230	9	} 81	141	} 311
Non-Pulmonary	...	79		68		147	
Combined (Pulmonary & Non-Pulmonary)	...	19		4		23	

There were no deaths from Tuberculosis which had not been previously notified. Occasionally I received information of the diagnosis before the practitioner had notified. A reminder of his omission was in all cases sufficient. Generally speaking, the notification is efficient. The delay in coming to a definite diagnosis, especially in early cases, is the cause of the oversight.

I do not find that the workers in any particular occupation are excessively liable to the disease or that their mortality rate is high.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

Careful enquiry is made regarding the occupation of all cases notified. None to which Article 3 refers were notified.

PUBLIC HEALTH ACT, 1925 : SECTION 62.

No action was taken by the Council under this Section. My attention was called to two cases by the Consulting Tuberculosis Officer, and were investigated. One case was persuaded by me to enter an institution. In the other case the circumstances were such that it would be difficult to prove that they came under the Section. The doubt was soon afterwards settled by the death of the patient.

MATERNITY AND CHILD WELFARE.

Four Health Nurses are employed half-time in connection with Maternity and Child Welfare Work.

They are engaged to visit the homes of expectant and nursing mothers, infants ten days after birth (unless circumstances warrant an earlier visit) and frequently afterwards, cases of still-birth, Puerperal Fever, Ophthalmia Neonatorum, Measles, Whooping Cough, Diarrhoea, etc., attend the Welfare Clinics, Ante-Natal Clinic, Instructional Sewing Class, etc., and take charge of the distribution of dried milk, etc.

There are two Welfare Centres—

- (1) Stone House, St. Helens Road.
- (2) Coal Pit Lane.

One Welfare Clinic is held at each Centre per week ; at Stone House on Mondays, at Coal Pit Lane on Wednesdays.

Very little treatment is given, but consultations are held, the babies weighed and dried milk and a few other articles of special nutriment are distributed.

An Ante-natal Clinic is also held at Stone House on Monday afternoons, and an Instructional Sewing Class on Tuesday afternoons.

We have no institution for the admission of expectant and nursing mothers or young children. Cases requiring in-patient treatment are arranged for, as well as possible, with voluntary institutions, general and special.

The Health Nurses' work is summarised thus :—

Primary Visits	...	...	..	..	827
Re-visits	..	...	3125	{under 1 year, 1017 over 1 year, 2108	
Still-births	...	...	..	...	36
Ophthalmia Neonatorum	..	...	...	...	188
Attendances at Centre	...	...	...	...	296
Visits to Workshops	...	...	...	...	28
Interviews	...	...	...	...	849
Ante-Natal Visits...	...	...	...	...	47
Puerperal Fever Visits	...	..	..	..	2
Miscellaneous Visits	...	...	...	...	902
Babies entered on the books	...	...	...	...	418
Attendances by infants	..	...	..	..	2298
Consultations	...	...	...	...	980
Ante-natal consultations	...	...	...	...	127
Deaths of babies on the books	...	...	...	...	11
Pints of fresh milk given	...	...	...	...	32
Lb. packets of dried milk given	...	...	...	...	5648
Lb. packets of dried milk sold	...	...	...	...	11812
4 oz. pots of virol given	...	...	...	...	78
4 oz. pots of virol sold	...	...	...	...	864
Articles of clothing distributed to necessitous cases	...	...	...	...	450
Oz. of emulsion given	...	...	...	...	44
Bottles of Horlicks sold	...	...	...	...	54
Bottles of emulsion sold	...	...	...	...	315

Investigation is made in all cases of maternal deaths, still-births and infant deaths.

MATERNAL MORTALITY.

Year.		1921		1922		1923		1924		1925
Deaths due to Parturition	...	4	...	2	...	5	...	2	...	2
Puerperal Fever	...	2	...	1	...	1	...	1	...	1
Total	...	6	...	3	...	6	...	3	...	3

INFANTILE MORTALITY.

Year.		1921		1922		1923		1924		1925
Number	...	131	...	88	...	73	...	70	...	83
Rate per 1000 births	...	119	...	89	...	85	...	84	...	99

An Ante-natal Clinic has been held weekly for just over a year under the care of an Honorary Surgeon who specialises in the work. Although the attendances are increasing, it does not receive the support of expectant mothers which it deserves. There still exists an indifference amounting almost to prejudice against seeking advice or guidance before the event. The association of a Maternity Home with the scheme, it is anticipated, will demonstrate more clearly its usefulness. The services of the Ante-natal Staff have been offered to the Midwives for the examination of urine. It has not been availed of to any great extent.

There are no arrangements made to deal with unmarried mothers and illegitimate children, but efforts are made to secure admission, in special cases, to voluntary institutions, and in the case of homeless children adoption by respectable families.

Dried milk, etc., is sold at cost price or below or supplied free to mothers attending the Welfare Centres. If application is made for a reduction in the charge a form is supplied for particulars of means, number of children, etc., and a decision is arrived at according to a scale. If necessary the particulars of income are ascertained from the employer.

There is no scheme for Orthopædic Treatment, and it is extremely difficult to secure even the minimum amount of special treatment.

A scheme has been submitted to the Board of Education for the Orthopædic Treatment of school children, which, when approved, would be available for children of pre-school age.

The "Save the Children Fund" supplies articles of clothing for distribution by the Health Nurses to the more necessitous cases and material for making up by the mothers attending the Instructional Sewing Class.

The Leigh Needlework Guild supplies articles of clothing on the representation of the Health Nurses.

The Leigh Guild of Help makes grants of money to the Health Nurses for the purchase of food, clothing, etc.

The Leigh Health Society granted me a sum of money out of which to meet emergencies which could not be otherwise dealt with.

The Medical and Nursing Staffs of the Maternity and Child Welfare and School Medical Service are the same. The same buildings are used for both services.

All Treatment Clinics of the School Medical Services are available and used for children of pre-school age.

TREATMENT CLINICS FOR CHILDREN UNDER 5 YEARS.

Minor Ailment.

Dental.

Nose, Ear and Throat.

Operative for Tonsils and Adenoids.

Ophthalmic.

Artificial Sunlight.

INCIDENCE OF PUERPERAL FEVER.

Year	1921	1922	1923	1924	1925
Cases notified	4	3	3	3	3
Deaths	2	1	1	1	1

OPHTHALMIA NEONATORUM NOTIFICATIONS, 1925.

Notified.	Cases Treated		Vision		Vision		Total	Deaths.	
	At Home.	In Hospital.	Unimpaired.	Impaired.	Unimpaired.	Impaired.	Blindness.		
13 ...	13 ...	Nil ...	13 ...	Nil ...	Nil ...	Nil ...	Nil ...	Nil	Nil

INCIDENCE OF OPHTHALMIA NEONATORUM, 1921-1925.

Year.	1921	1922	1923	1924	1925
Cases Notified ...	31 ...	31 ...	23 ...	10 ...	13
Vision Impaired ..	Nil ...	Nil ...	Nil ...	Nil ...	Nil

Cases of Ophthalmia Neonatorum, Measles, Diarrhœa, Whooping Cough, etc., are visited by the Health Nurses. Very special attention is paid to the nursing of case of Ophthalmia Neonatorum and several visits per day are often paid by the Health Nurses during the early acute stage of the disease. The result must be considered satisfactory, impairment of vision not having occurred in any of the 108 cases notified during the period under review.

Medical attendance is insisted on in all children's diseases, and assistance in nursing given by the Health Nurses.

I am, Gentlemen,

Yours obediently,

J. CLAY BECKITT,

Medical Officer of Health.

